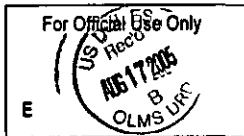


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



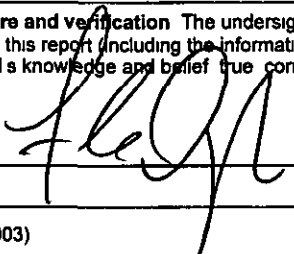
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|---|
| 1 File Number U 00000 9106 | 2 Fiscal Year Covered From 1 / 1 / 2004, Through 12 / 31 / 2004 |
| 3 Name and address of person filing Name FRANK AGNELLO P O Box Bldg Room No if any Street 112 BELLEVUE AVE City OCEANSIDE State New York ZIP Code + 4 11572 | 4 Name file number and address of labor organization Name CONCRETE WORKERS LOCAL 6A Labor Organization File Number 002-158 P O Box Building and Room Number if any Street 35-04 30th ST City LONG ISLAND CITY State New York ZIP Code + 4 11106 |
| 5 Position in labor organization | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

| | |
|--|---|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a Nature of Interest, Transaction or Income 7 b Amount |

Signature

| | | |
|---|------------------|---------------------------|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | | |
| Signed  | On _____ Date | _____ Telephone Number |

| | |
|--|----------------------------|
| Name of Person Filing FRANK AGNELLO | File Number U 00000 |
|--|----------------------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|---|--|
| 8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 9 Business deals with a Labor Organization b Trust c Employer |
| 10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 11 a Nature of such dealing <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 11 b Approximate dollar value of such dealing <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 12 a Nature of interest held or income received <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 12 b Amount <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

| | |
|---|---|
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name PER LETTER ATTACHED Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| 13 b Is the Business an Employer or Consultant ? | 14 b Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |

**CONCRETE WORKERS LOCAL 6A
35-04 30TH ST
LONG ISLAND CITY
NY 11106**



August 11, 2005

U S Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue NW
Room N-5616
Washington, D C 20210

Dear Sir or Madam

Enclose is my labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records, as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the department. The enclosed material represents my best recollection and estimate of all lawfully report benefits that I received in 2004.

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

Sincerely,
Frank Agnello

A handwritten signature in black ink, appearing to read "Frank Agnello".